

IN THE _____ COURT OF _____ COUNTY, TENNESSEE

In the Matter of _____)
_____)
_____)
_____)
Service Recipient _____)

Docket No. _____

**NOTICE TO COMMITTING COURT AND HOSPITAL THAT MANDATORY
OUTPATIENT TREATMENT OBLIGATION IS TERMINATED UNDER
T.C.A. §33-6-620**

_____ was committed under Title 33, Chapter 6, Part 5, Tenn. Code Ann. and was discharged subject to the mandatory outpatient treatment law.

1. I am the qualified mental health professional treating the above-named person.
2. I have terminated this service recipient's mandatory outpatient treatment obligation because I have determined:

Please mark the statement which is true.

- _____ 2.1 This service recipient is likely to participate in outpatient treatment without being legally obligated to do so.
- _____ 2.2 This service recipient no longer needs treatment for mental illness or serious emotional disturbance.

Date

Name of Qualified Mental Health Professional

Telephone Number

Agency

Address